

Building Structure Exposure Reporting Form

Office of Risk Management

| | | | | | | | |
|---|--|--|--|-------|----------|---------------------------------------|--|
| NOTE: | | DO NOT USE THIS FORM TO REPORT BUILDINGS UNLESS THE PHYSICAL STRUCTURE OF THE BUILDING IS TO BE COVERED BY INSURANCE. BUILDINGS NEEDING COVERAGE FOR MOVABLE PROPERTY (CONTENTS) ONLY ARE TO BE REPORTED ON <i>EXPOSURE UPDATE/REPORTING FORMS</i>. | | | | | |
| AGENCY REQUESTING CHANGE: | | | | | | ORM LOCATION CODE: | |
| | | | | | | BUILDING (STATE) I.D. NUMBER: | |
| AUTHORIZED BY | | PHONE NUMBER | | DATE: | | SLABS SITE CODE (FOR ORM USE ONLY) | |
| TYPE OF CHANGE (PLEASE CHECK ONE) | | <input type="checkbox"/> CHANGE BUILDING NAME (NOTE: BUILDING NAME CHANGES CAN ONLY BE MADE BY THE STATE AGENCY WHICH HAS OWNERSHIP OR IS RESPONSIBLE FOR THE BUILDING STRUCTURE.) <input type="checkbox"/> MODIFY BUILDING <input type="checkbox"/> ADD BUILDING STRUCTURE (SEE NOTE BELOW) <input type="checkbox"/> DELETE BUILDING STRUCTURE (SEE NOTE BELOW) | | | | | |
| | | EXISTING DATA | | | NEW DATA | | |
| STATE AGENCY NAME; | | | | | | | |
| ORM LOCATION CODE | | | | | | | |
| BUILDING NAME | | | | | | | |
| STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS) | | | | | | | |
| CITY, STATE, ZIPCODE | | | | | | | |
| OWNER OF BUILDING (IF STATE OWNED INDICATE WHICH STATE AGENCY) | | | | | | | |
| FLOOD ZONE (CONTACT CITY OR PARISH ENGINEER IF YOU NEED HELP IN DETERMINING APPLICABLE FLOOD ZONE) | | | | | | | |
| INDICATE REASON FOR CHANGE | | | | | | | |
| NOTE: | WHEN ADDING/DELETING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (TITLE TRANSFER, DEED, BILL OF SALE, ETC.) | | | | | | |
| RETURN COMPLETED FORM TO: | | THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, CAPITOL STATION, BATON ROUGE, LOUISIANA 70821-9106 | | | | | |

UND-4 (REVISED 04-25-2006)